SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	4	27 OF	- 8	8838	
l	(check only one)									
l	×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) REPUBLICAN NATIONAL CO	MMITTEE				
Full Name (Last, First, Middle Initial) A. Mr. Lawrence Benenati	Mr. Lawrence Benenati				
Mailing Address 130 Albany Street	·				
City Deer Park	State Zip Code NY 11729	07 30 2012 Transaction ID : 2012M08L11AI01252 Amount of Each Receipt this Region			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00			
Name of Employer East Coast Orthotic & Prosthetic Corp Receipt For:	Occupation Healthcare Provider				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00				
Full Name (Last, First, Middle Initial) Mr. Lawrence Benenati Mailing Address 130 Albany Street	Date of Receipt				
City Deer Park	State Zip Code NY 11729	07 30 2012 Transaction ID : 2012M08L11Al01253 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	750.00			
Name of Employer East Coast Orthotic & Prosthetic Corp	Occupation Healthcare Provider				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00				
Full Name (Last, First, Middle Initial) Mr. Charles Beneway		Date of Receipt			
Mailing Address 1361 Overseas Highway Lot B11		07 06 _2012 _			
City Marathon	State Zip Code FL 33050-2010	Transaction ID : 2012M08L11AI01254 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	55.00			
Name of Employer Retired Receipt For:	Occupation Retired				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00				
SUBTOTAL of Receipts This Page (optional)	•	1305.00			
TOTAL This Period (last page this line number	r only)				